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Dear MRDD Stakeholders:

Over the past several months, I have had the opportunity to visit with several organizations that provide services and supports to individuals served by the Division of Mental Retardation and Developmental Disabilities and provide updates on current initiatives as well as plans for the future. One of my priorities is to improve communication between the Division and all our partners, which includes each of you. I wanted to provide an update and provide a list of frequently asked questions related to the Division's current initiatives.

First, the Lt. Governor's Mental Health Task Force's Findings and Recommendations was released on November 29, 2006. There are two recommendations within the report that I would like to bring to your attention: Quality Assurance (recommendation # 5) and the development of a committee of key stakeholders to review the public/private partnerships (recommendation #24). The report can be downloaded from the following link <http://www.dmh.mo.gov/mmhtaskforce/documents/report.doc>. With respect to quality assurance, during the first week of December, we had the Centers for Medicare and Medicaid Services' (CMS) contracted provider of technical assistance, Human Services Research Institute (HSRI), meeting with Licensure and Certification staff and the State Quality Assurance Team. During their visit, HSRI shared best practices from other states in the areas of quality assurance, licensure, and certification.

The Lt. Governor's Findings and Recommendations prescribes the members of the committee of key stakeholders to be chaired by the Director of the Division of MRDD and to include representatives from provider organizations, SB 40 Boards, family members or guardians of a person with a disability, self-advocates, Regional Center employees, Missouri Protection and Advocacy Services, and the Missouri Planning Council. A final report with recommendations must be submitted to the Mental Health Commission and the Lieutenant Governor by May 1, 2007. The final report needs to include a study of economic impact, timelines, and strategies for implementation, if so recommended, along with proposed legislation, if needed. The committee will meet once in January, twice in February and March, and two to three times in April, 2007. All meetings will be open to the public. I have asked each entity that is required to have representation to submit to me four to five people to represent their organization or association. I will then select one to two representatives from each organization to ensure diverse and comprehensive perspectives, and geographical representation.

Secondly, as you all know, we are looking at the roles and functions of the regional centers and have a workgroup that has been looking at the standardization of the regional centers based upon

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the Regional Center Review that took place earlier this year. We are looking at each of the 11 regional centers having a director, assistant regional director, and being comprised of five core functions. The five core functions at this time include quality assurance, business/administrative office, consumer relations, resource administration, and clinical. Within quality assurance, I envision the responsibilities to reflect the discussion and recommendations from HSRI. The business/administrative office will include human resources, accounting, and staff development. Consumer relations will include support coordination, intake/eligibility, transition-school to adult, transition-habilitation centers, self-directed services, valued day/employment, in-home support team and a self-advocate. I would like to have one self-advocate in each regional center working approximately 20 hours a week to conduct peer-to-peer interviews for quality assurance, perform speakers bureau functions, conduct training on self-advocacy, and abuse and neglect. The provider relations section will focus on contracts, provider technical assistance, provider development, provider monitoring, resource allocation, and investigation inquiries. The clinical section will potentially contract for occupational, speech, and physical therapies, and behavior analysts.

The Division of Mental Retardation and Developmental Disabilities (DMRDD) requested a decision item in the FY '07 Supplemental Budget and FY '08 Budget to support Senate Bill 40 Boards (SB 40) hiring an additional 140 service coordinators statewide. The budget request is based upon reducing the caseload ratio to 1:50. However, the DMRDD expects that SB 40's providing TCM will be at a 1:40 ratio since the DMRDD is funding 100 percent of the match, and intends to request additional funds in the FY '09 budget request to reduce the caseload ratio to 1:40.

Attached are FAQ's that represent the questions we have received at this point. We intend to add additional Q & A's as we receive them as well as to add additional sections for consumers and their families, providers of supports and services, and state agency staff. These will be posted on the DMH website. Should you have a question you would like to add to these TCM FAQ's, please submit your questions to the DMRDD's mailbox at mrddmail@dmh.mo.gov.

I envision Missouri implementing cutting edge, best practices that will require the full realization of the Department's mission "Lives beyond Limitations." Thank you for your dedication and I look forward to working with you as we collectively move forward.

Sincerely,

Bernie Simons, Division Director
Mental Retardation and Developmental Disabilities

BS:ns

Enclosure

c: MRDD Exec Team
Regional Center Directors